

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90384 001 \*\*\*\*61.25



**DOCUMENT # N95000002322**

1. Entity Name

**THE GREATER PINE ISLAND LIONS FOUNDATION, INC.**

Principal Place of Business

16089 AURA LANE  
BOKEELIA FL 33922

Mailing Address

16089 AURA LANE  
BOKEELIA FL 33922



2. Principal Place of Business - No P.O. Box #

**2319 Banana St**

Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 734**

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

**St James City FL**

City & State

**St James City FL**

4. FEI Number

**65-0584799**

Applied For

Not Applicable

Zip

**33956**

Country

**USA**

Zip

**33956**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNEPP, WILLIAM W  
16089 AURA LANE  
BOKEELIA FL 33922**

7. Name and Address of New Registered Agent

Name

**Leslie Osborne**

Street Address (P.O. Box Number is Not Acceptable)

**2319 Banana St**

City

**St James City**

FL

Zip Code  
**33956**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Leslie Osborne*

**Leslie Osborne**

**4/18/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DP  
BARRETT, VI  
4974 PORKY LANE  
SAINT JAMES CITY FL 33956**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DS  
OSBORN, LESLIE  
2319 BANANA ST  
SAINT JAMES CITY FL 33956**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DT  
WILLIAM W. KNEPP  
16089 AURA LANE  
BOKEELIA FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DVP  
WOODHEAD, RUBY  
2277 SAPODILLA LANE  
SAINT JAMES CITY FL 33956**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: *Leslie Osborne* Leslie Osborne**

**4/18/07**

**239-822-3254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #